

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541422

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.		DEP.	IND.	DEP.	IND.		IND.		DEP.	IND.	DEP.	
	1	1		1		1		51			51		
2		1			1			52			52		
3		2			1			53			53		
4	1			1				54			54		
5		1			1			55			55		
6	1			1				56			56		
7	1				1			57			57		
8	1				1			58			58		
9								59			59		
10								60			60		
11								61			61		
12								62			62		
13								63			63		
14								64			64		
15								65			65		
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17								67			67		
18								68			68		
19								69			69		
20								70			70		
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22								72			72		
23								73			73		
24								74			74		
25								75			75		
26								76			76		
27								77			77		
28								78			78		
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31								81			81		
32								82			82		
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35								85			85		
36								86			86		
37								87			87		
38								88			88		
39								89			89		
40								90			90		
41								91			91		
42								92			92		
43								93			93		
44								94			94		
45								95			95		
46								96			96		
47								97			97		
48								98			98		
49								99			99		
50								100			100		
TOTAL REQ.		5											
TOTAL REQ.		3											
TOTAL CLADS		80											

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